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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NONE**FHD*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE**FHD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>FHD</i> Examiner's Signature _____ Initials _____				

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## TITLE

Ophthalmic surgical drape support

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